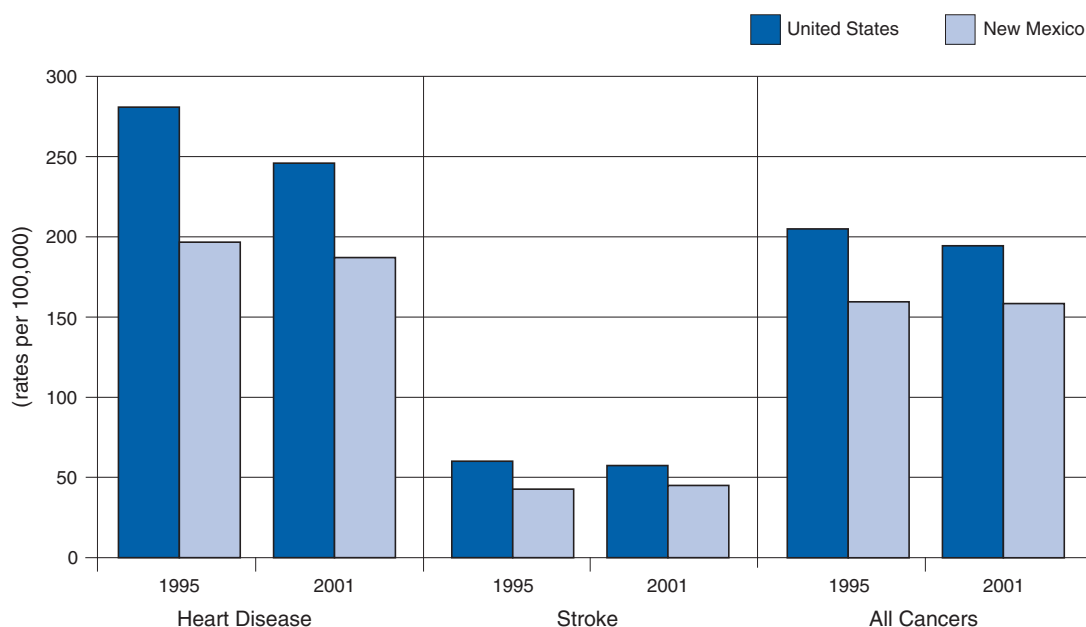


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and New Mexico, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

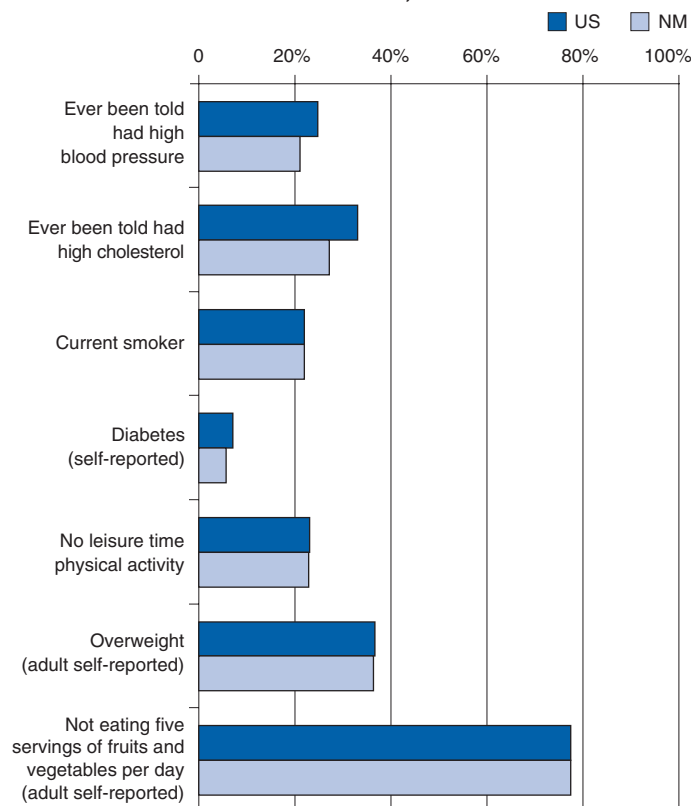
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in New Mexico, accounting for 3,423 deaths or approximately 24% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the fourth leading cause of death, accounting for 824 deaths or approximately 6% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 3,110 are expected in New Mexico. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 7,500 new cases that are likely to be diagnosed in New Mexico.

Estimated Cancer Deaths, 2004

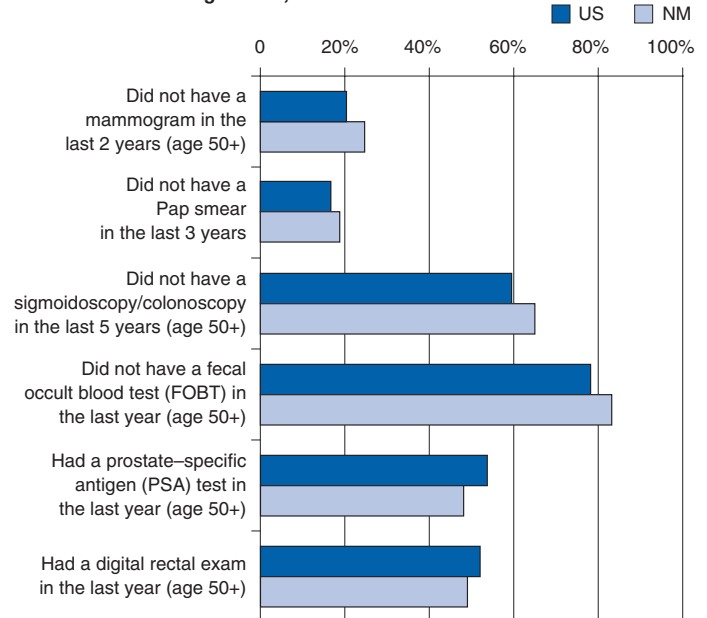
Cause of death	US	NM
All Cancers	563,700	3,110
Breast (female)	40,110	190
Colorectal	56,730	320
Lung and Bronchus	160,440	690
Prostate	29,900	220

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

New Mexico's Chronic Disease Program Accomplishments

Examples of New Mexico's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decreases occurring among white, non-Hispanic men (251.2 per 100,000 in 1990 versus 216.7 per 100,000 in 2000).
- A 9.3% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 34.0% in 1992 to 24.7% in 2002).
- Lower prevalence rates than the corresponding national rates for self-reported hypertension (21.1% in New Mexico versus 24.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to New Mexico in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for New Mexico, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>New Mexico BRFSS</i>	\$263,310
National Program of Cancer Registries	\$0
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Coordinated Approach to Child Health (CATCH)</i> <i>Project to Prevent Diabetes Among Hispanic Women</i> <i>Diabetes Advisory Council</i> <i>Bi-National US/Mexican Border Diabetes Project</i> <i>Clinic Support for Indigent Diabetes Care</i> <i>Kitchen Creations Cooking School</i> <i>Grant County Project</i>	\$450,000
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Screening Program</i>	\$4,016,832
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Program</i>	
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>New Mexico Tobacco Prevention and Control Program</i>	\$1,196,889
State Nutrition and Physical Activity/Obesity Prevention Program	\$408,003
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Albuquerque Area Indian Health Board, Inc</i> <i>Hidalgo Medical Services</i> <i>National Indian Council on Aging, Inc.</i>	\$285,806 \$905,000 \$209,754
Total	\$7,735,594

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in New Mexico that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Obesity

Obesity is one of the most serious risk factors for a variety of chronic diseases, such as heart disease, diabetes, and hypertension. In New Mexico, like other states, the prevalence of obesity has been increasing. Behavioral Risk Factor Surveillance System (BRFSS) data for New Mexico show that in 1990 the rate of adult obesity (defined as a body mass index of 30 or greater) was 9.8%; by 2003, the rate had increased to 20.2%. On a positive note, adults in New Mexico also were more likely to have a healthy weight than the national average. In 2003, 43.4% of adults in New Mexico were neither overweight nor obese, compared with 40.0% of adults nationally. In addition, in 2003, African Americans (33.9%) and Hispanics (23.3%) were more likely to be obese than whites (17.3%).

Poor nutrition and physical inactivity are risk factors for obesity. BRFSS data from 2003 indicate that 48.7% of people in New Mexico, regardless of whether they were obese or not, did not meet the recommended guidelines for moderate physical activity (the corresponding national rate was 52.8%). In addition, only 22.4% of people in New Mexico reported consuming 5 or more servings of fruits and vegetables per day; the rate for Hispanics was even lower (18.1%).

According to the 2001 New Mexico Youth Risk and Resiliency Survey, 24% of high school students were overweight (defined as a body mass index between 25 and 29.9) or at risk for being overweight (defined as between the 85th and 95th percentile for body mass index). Even young children in New Mexico are increasingly prone to becoming overweight. Data from the 2002 CDC Pediatric Nutrition Surveillance System revealed that 22% of low-income children in New Mexico between the ages of 2 and 5 who participated in federally-funded nutrition programs were overweight or at risk for being overweight.

To address the problems of overweight and obesity in New Mexico, the state received CDC funding in 2003 for the Obesity, Physical Activity & Nutrition program to help support the development of a comprehensive New Mexico Plan for Obesity Control and Prevention. The goal of the program is to prevent and control obesity and related chronic diseases such as diabetes, heart disease, arthritis, and some cancers. Most recently, the program has formed an obesity Physical Activity and Nutrition Forum Planning Group and held the second annual obesity symposium for health care providers.

Youth data from the New Mexico Department of Health Web site:
www.health.state.nm.us/obesity.html.

Disparities in Health

Hispanics represent approximately 13% of the U.S. population. According to the 2000 Census, this population, which increased by more than 50% from 1990 to 2000, is the fastest growing ethnic group in the United States. Data from the 2000 Census indicate that almost half (42.1%) of New Mexico's population is of Hispanic origin.

The health status of Hispanics in New Mexico mirrors the population's health status trends throughout the United States. In 2001, the leading causes of death for Hispanics, nationally, were heart disease and cancer. During this same period, 27.1% of all deaths among Hispanic men and 32.6% of deaths among Hispanic women were attributed to cardiovascular disease. According to the American Cancer Society, Hispanics in the United States experience lower incidence and death rates for all cancers combined but also experience a higher burden of certain types of cancers, such as cervical cancer.

Cancer mortality data from 2000 indicate that New Mexico's Hispanics have the lowest mortality rates for cancer; 200.9 per 100,000 for Hispanic men versus 212.6 per 100,000 for white men and 136.7 per 100,000 for Hispanic women versus 149.9 per 100,000 for white women. In addition, between 1997 and 2001, death rates for breast, cervical, and prostate cancers have been stable among Hispanics, but during the same time period, they have been decreasing among non-Hispanic whites.

Diabetes prevalence is high within the Hispanic population, both in New Mexico and nationally. Data from CDC's 2003 Behavioral Risk Factor Surveillance System (BRFSS) indicate that Hispanics in New Mexico had a higher diabetes incidence rate (6.2%) than whites (4.8%) and African Americans (3.6%).

Other Disparities

- **Physical Activity:** Hispanics have the lowest rates of physical activity (69.3%), compared with African Americans (82.6%) and whites (80.8%).
- **Cervical Cancer:** Although BRFSS data from 2002 indicate that Hispanic women in New Mexico were more likely to have had a Pap smear in the last 3 years (83.7% versus 78.8%), from 1997 to 2001, Hispanic women had a higher cervical cancer death rate than white women (3.2 per 100,000 versus 2.5 per 100,000).
- **Colorectal Cancer Screening:** In 2002, Hispanics had the lowest rates of screening for colorectal cancer—61.8% had never had a sigmoidoscopy or colonoscopy, compared with African Americans (46.2%) and whites (52.9%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>